Increase in spending on health

1384. DR. T. SUBBARAMI REDDY:
DR. KARAN SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have decided to increase health spending form 0.9% to 2% of the GDP in next few years;

(b) if so, whether, according to PM, a beginning has been made in this year's Budget by increasing it by Rs. 2000 crores;

(c) if so, whether the Health Mission aims to provide health care facilities to the poor by making architectural correction in the basic health care delivery system; and

(d) if so, to what extent this Health Mission has been successful?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes Sir. Under the mandate of the National Common Minimum Programme (NCMP) of the Government, health care is one of the seven thrust areas of the NCMP wherein it is proposed to increase the expenditure in health sector from the current 0.9% of GDP to 2-35% of GDP over the next five years with the main focus on Primary Health Care. The Budgetary allocation for health sector has increased by about 30% in 2005-06 over that of 2004-05.

(c) The Government has launched a National Rural Health Mission which seeks to provide effective healthcare to rural population throughout the country. It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised under the National Common Minimum Programme and promote policies that strengthen public health management and service delivery in the country. It has as its key components provision of a female health activist in each village; a village health plan prepared through a local team headed by the Health & Sanitation Committee of the Panchayat; strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS); and integration of vertical Health & Family Welfare Programmes

and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary healthcare. It aims at effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition, and safe drinking water through a District Plan for Health.

(d) The National Rural Health Mission was operationalized from April, 2005 throughout the country. As such, it is too early to assess its success. The key components of the Mission are targeted to be implemented during 2005-08.

Deaths of patients in Government hospitals

1385. SHRI T.R. ZELIANG: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a large number of T.B., AIDS, Hepatitis B and Malaria patients have lost their lives due to inadequate facilities and inappropriate medicines for the poor persons in all Government hospitals in Delhi and other Government hospitals in the country during the last two years and current year so far;

(b) if so, the number of patients who died in the various Government hospitals in the country during this period; and

(c) the steps being contemplated by Government to provide treatment of international standard to the patients suffering from various diseases in various Government hospitals in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Health being a State subject under constitution of India, the information in respect of States/Union Territories is not maintained in the Ministry.

However, so far as Central Government Hospitals are concerned, no report has been received regarding the death of patients afflicted with TB, AIDS, Hepatitis B and Malaria due to non availability of appropriate facilities. The strengthening and upgradation of hospitals is a continuous dynamic process and the same is undertaken as per the need and availability of resources. Moreover, death review committee is in existence in the Central Government Hospitals to review the death cases regularly.